



## Prior Authorization/Notification Requirements

wellsense.org | 855-833-8125

This document, outlining common services that require prior authorization or Plan notification, is for use by participating WellSense and WellSense Medicare Advantage providers.

The Plan and contracted vendors evaluate requests for covered services and determines medical necessity through the use of InterQual® criteria (nationally recognized commercially purchased) or internal medical policies that are evidence-based.

Effective 07/01/24 to 05/31/25 the Plan will follow InterQual® 2024 criteria sets. Effective 06/01/25 the plan will follow InterQual® 2025 criteria sets.

Prior authorization/notification requirements apply to Plan products (WellSense Medicaid and WellSense Medicare Advantage HMO) as indicated by the symbol ♦.

Prior to scheduling a service, providers should refer to the Member Handbook for the member's plan, the Provider Manual and the applicable Medical Policy or Reimbursement Policy for coverage and/or processing requirements for the service in question.

**NOTE:** The guidelines included in Plan policies on [www.wellsense.org](http://www.wellsense.org) are applicable to members enrolled in WellSense Medicare Advantage *only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD)* on the date of the prior authorization request.

Check the Lookup Tools for Prior Auth requirements for specific CPT and HCPCS codes.

These documents and tools can be found on the Plan's website [www.wellsense.org](http://www.wellsense.org).

***If the requested service is of a medically urgent nature, as defined in the Provider Manual Section 8.9, please indicate "URGENT" on your request.***

Emergent admissions and observation notifications need to be faxed to **1-866-813-8607**.

If you have any questions, please contact the Plan's Prior Authorization Department at: **877-957-1300** for requests regarding **Medical Services, Authorizations and Notifications other than Behavioral Health or Pharmacy** or the appropriate vendor as listed below.

Service	Types of Services	Vendor	Contact Information
<b>Behavioral Health</b>	Inpatient/diversionary/intermediate services for mental health and addiction treatment Outpatient mental health and addiction services	Carelon Behavioral Health (formerly known as Beacon Health Strategies)	Phone: 1-855-834-5655 <a href="http://www.carelonbehavioralhealth.com">http://www.carelonbehavioralhealth.com</a>
<b>Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)</b>	<ul style="list-style-type: none"> <li>Durable Medical Equipment</li> <li>Prosthetics/Orthotics</li> <li>Medical Supplies</li> </ul> <p>Please click the link below here for more information regarding Provider Types managed and exclusions from Prior Authorization. <a href="#">Northwood Information</a></p>	Northwood, Inc. (Northwood)	Phone: 1-866-802-6471 Fax: 1-877-552-6551
<b>Genetic, Molecular and Genomic Testing</b>	<ul style="list-style-type: none"> <li>Genetic, Molecular and Genomic Testing</li> </ul>	eviCore	Phone: 1-800-918-8924 <a href="https://www.evicore.com/">https://www.evicore.com/</a>
<b>Musculoskeletal Procedures</b>	<ul style="list-style-type: none"> <li>Outpatient pain management services</li> <li>Joint Surgeries</li> <li>Spine Surgeries</li> <li>Spinal Implants</li> <li>Spinal Cord Stimulators</li> <li>Pain Pumps</li> </ul>	eviCore	Phone: 1-800-918-8924 <a href="https://www.evicore.com/">https://www.evicore.com/</a>

Service	Types of Services	Vendor	Contact Information
<b>Radiology (Non-Emergent Outpatient, Excluding Those Associated with Observation or Emergency Department Visits)</b>	<ul style="list-style-type: none"> <li>• Nuclear cardiology imaging, including myocardial perfusion imaging, cardiac blood pool imaging, infarct imaging and positron emission tomography (PET) myocardial imaging</li> <li>• Computed tomography (CT), including CT angiography, derived fractional flow reserve, structural CT and quantitative evaluation of coronary calcification</li> <li>• Magnetic resonance imaging (MRI)</li> <li>• Magnetic resonance angiography (MRA)</li> <li>• Magnetic resonance spectroscopy (MRS)</li> <li>• Functional MRI (fMRI)</li> </ul>	eviCore	Phone: 1-800-918-8924 <a href="https://www.evicore.com/">https://www.evicore.com/</a>
<b>Transportation, Non-Emergent Medical</b>	<p>Non-emergency transportation coverage is available, when necessary, to help members get to and from the following healthcare services:</p> <ul style="list-style-type: none"> <li>• WellSense Health Plan Covered Services</li> <li>• Services directly paid for by New Hampshire Medicaid</li> </ul> <p>Modes of non-emergent medical transportation:</p> <ul style="list-style-type: none"> <li>• Non-emergent ambulance when initiated by provider and deemed medically necessary by the Plan</li> <li>• Wheelchair van when certified by the provider</li> <li>• Public transportation</li> <li>• Private transportation: Friends/Family/Volunteer reimbursement when driver is pre-qualified by Well Sense Health Plan transportation</li> </ul>	Well Sense Transportation	Phone: 844-909-7433 (or 844-909-RIDE)  Non-emergent requests are initiated by the member or provider.  Non-urgent trip requests must be made at least 2 business days prior to the date of the trip.  Urgent trip requests must be made at least 2 hours before transportation is needed.  <b>Medicare Advantage:</b> Limited to 24 trips/benefit year

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Actigraphy Testing	PCP or Servicing Provider	◆	Not a covered benefit	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Acupuncture	PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS For Medicare Advantage members, prior auth is required for covered indications for acupuncture (low back pain), as specified in the Medical Policy.
Adult Medical Day Care	PCP or Servicing Provider	Not a covered benefit	◆	Not a covered benefit	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Ambulatory Monitoring Devices:	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Assisted Reproductive Technology <i>(formerly known as Infertility Service)</i>	PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Balloon Sinus Ostial Dilation as Stand –Alone Procedure	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Bariatric Surgery	PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<b>Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Breast/Chest Procedures:</b> <ul style="list-style-type: none"> <li>• Breast Reconstruction</li> <li>• Breast Reduction Surgery</li> <li>• Gynecomastia Surgery</li> <li>• Mastopexy</li> </ul>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>CAR T-Cell Therapy to Treat Hematological Malignancies</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Casgevy™ (exagamglogene autotemcel)</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Cervical Artificial Disc Replacement</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<b>Chronic Back and Neck Pain Treatment:</b> <ul style="list-style-type: none"> <li>• Facet Joint Nerve Injections</li> <li>• Percutaneous Radiofrequency Denervation</li> <li>• Sacroiliac Joint Injections</li> </ul>	PCP or Servicing Provider	◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS
<b>Clinical Trials</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Cochlear Implants</b>	PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
<b>Contact Lens and Scleral Lens for Certain Medical Conditions</b>	PCP or Servicing Provider	◆	◆	◆ *	<a href="#">Medical Policy</a>	For Medicaid: <ul style="list-style-type: none"> <li>• Applies to non-par VSP providers that bill the Plan</li> <li>• At least 5 calendar days before requested DOS</li> </ul> *For Medicare: <ul style="list-style-type: none"> <li>• Contact lenses are covered only after cataract surgery – see Member Benefits</li> </ul>
<b>Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems, and Insulin Delivery Devices</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Cosmetic, Reconstructive & Restorative Services	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Dental, Additional Plan Benefits	PCP or Servicing Provider	See plan benefits, routine dental not included	See benefits, typically coordinated through NH Medicaid directly	Delta Dental Customer Service 844-260-6097 or <a href="#">click here.</a>	<a href="#">Plan Benefits</a>	For specific detailed benefits please review the plan specific benefits <a href="#">here</a> by clicking on the Members tab and selecting the plan type.
Dental Services, Medically Necessary Facility/Hospital Services	PCP or Servicing Provider	<i>Not applicable</i>	◆	<i>Not applicable</i>	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Dental Services, Medically Necessary Facility/Hospital Services (Due to a Serious Medical Condition)	PCP or Servicing Provider	◆	<i>Not applicable</i>	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Drug Screening/Testing for Illicit Drugs and/or Controlled Substances	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Electric Tumor Treatment Fields (TTF)	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Elevidys® (delandistrogene moxeparvovec-rokl)	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Endoscopic Procedures or Magnetic Esophageal Sphincter Augmentation to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Enteral Nutrition (Tube Feeding) Products Supplied and Billed by Home Infusion Providers and Digestive Enzyme Cartridges	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Experimental and Investigational	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS



Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Gender Affirmation Services	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Genetic, Molecular and Genomic Testing ( <i>Please see the below examples, for specific codes authorization requirements please consult the plan's Code Look up tool here <a href="#">Code Look-Up Tools</a></i> ) <ul style="list-style-type: none"> <li>• Fragile X-Associated Disorder</li> <li>• Gene Expression Profiling Cancer Recurrence (e.g., Oncotype DX)</li> <li>• Genetic/Genomic Testing and Pharmacogenetics</li> <li>• Hereditary Breast and Ovarian Cancer Syndrome</li> </ul>	PCP or Servicing Provider	◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS
Hemgenix® (etranacogene dezaparvovec drlb)	PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<b>Home Health:</b> <ul style="list-style-type: none"> <li>Routine Services: <ul style="list-style-type: none"> <li>Home Health Aide</li> <li>Occupational Therapy</li> <li>Physical Therapy</li> <li>Respiratory Therapy</li> </ul> </li> <li>Post-Partum Visit(s)</li> </ul>	PCP or Servicing Provider  PCP or Servicing Provider	♦  ♦	♦  ♦	♦  ♦	<a href="#">Medical Policy</a> in conjunction with InterQual®  <a href="#">Provider Manual</a>	Request to initiate services following evaluation at least prior to the first requested DOS Request additional services at least 5 calendar days before requested DOS
<b>Hospice Care</b>	PCP or Servicing Provider	♦	♦	Not a Plan-covered benefit*	<a href="#">Reimbursement Policy</a> Covered Services List	Medicaid: <ul style="list-style-type: none"> <li>Request to initiate services following evaluation at least prior to the first requested DOS</li> <li>Request for additional services at least 5 calendar days before requested DOS</li> </ul> *Medicare: <ul style="list-style-type: none"> <li>Hospice is covered by Original Medicare, not Medicare Advantage</li> </ul>
<b>Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT)</b>	PCP or Servicing Provider	♦	♦	♦	<a href="#">Medical Policy</a> for dx codes that waive auth requirements; InterQual® for medical necessity review	At least 5 calendar days before requested DOS
<b>Imlygic® (talimogene laherparepvec)</b>	PCP or Servicing Provider	♦	♦	♦	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Implantable Bone-Conduction (Bone-Anchored) Hearing Aids</b>	PCP or Servicing Provider	♦	♦	♦	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<b>Inpatient Care at an Acute Hospital:</b> <ul style="list-style-type: none"> <li>• Elective Admission</li> <li>• Emergent or Urgent Admission</li> <li>• Following Observation Admission</li> <li>• Maternity <ul style="list-style-type: none"> <li>○ Elective C-Section</li> <li>○ Emergent C-Section and Routine Delivery</li> <li>○ Home or Same Day Birthing Center</li> </ul> </li> <li>• Newborn Birth</li> <li>• Newborn Continued Stay Post Mother's Discharge</li> <li>• Newborn Admission to NICU or Level 2 Nursery</li> </ul>	Servicing Facility or Treating Physician  Servicing Facility or Treating Physician  Servicing Facility  Servicing Facility  Servicing Facility  Servicing Facility  Servicing Facility  Servicing Facility	♦  ♦  ♦  ♦  ♦  ♦  ♦  ♦	♦  ♦  ♦  ♦  ♦  ♦  ♦  ♦	♦  ♦  ♦  ♦  ♦  ♦  ♦  ♦	<a href="#">Provider Manual</a>	At least 5 calendar days before requested DOS  Within 1 business day following admission date  Within 1 business day following admission date  Within 1 business day following admission date  No prior authorization needed for contracted provider  Within 1 business day of birth  Prior to mother's discharge  Within 1 business day following admission to NICU/Level 2 Nursery

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<b>Inpatient Care at Other Type of Facility:</b> <ul style="list-style-type: none"> <li>• Chronic Disease Hospital</li> <li>• Long-Term Acute Care Hospital (LTAC)</li> <li>• Rehabilitation Hospital</li> <li>• Skilled Nursing Facility</li> </ul>	Servicing Facility or Treating Physician	◆	◆	◆	<a href="#">Provider Manual</a>	Prior to admission Medicaid: Covered by DHHS. Follow current DHHS Process. Medicare: Covered by Plan; request PA prior to admission
<b>Inpatient Readmission</b>	Servicing Facility or Treating Physician	◆	◆	◆	<a href="#">Medical Policy</a>	Within 1 business day following inpatient admission date
<b>Inpatient Short Stay (0-1 Midnight Length of Stay)</b>	Servicing Facility or Treating Physician	◆	◆	◆	<a href="#">Medical Policy</a>	
<b>Intensity Modulated Radiation Therapy (IMRT)</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Laviv® (azficel-T)</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Luxturna® (voretigene neparvovec-rzyl)</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Lyfgenia™ (lovotibeglogene autotemcel)</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Minimally Invasive Procedures and Associated Devices used to Treat Back Pain (Including Thermal Intradiscal Procedures, Interspinous Spacers, Interlaminar Stabilization Devices, Facet Arthroplasty, Lysis of Adhesions, and Minimally Invasive Surgical Procedures for Spinal Fusion and/or to Remove Disc Material)	PCP or Servicing Provider	◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS
Nerve Repair for Peripheral Nerve Injury	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Non-Emergency Transportation Services (also see Transportation, Non-Emergent Medical, above)	PCP or Servicing Provider	Not applicable	◆	Not applicable	<a href="#">Medical Policy</a>	No auth required for emergency transport Auth required for certain non-emergent transport

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Non-Implantable Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Observation:</b> <ul style="list-style-type: none"> <li>• Elective/Emergent</li> </ul>	PCP or Servicing Facility	◆	◆	◆	<a href="#">Provider Manual</a>	At least 5 calendar days before requested DOS for Elective  Within 1 business day following initiation of observation for Emergent
Omisirge® (omidubicel-only)	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Osteochondral Defects of the Knee Treatments	PCP or Servicing Provider	◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS
Out-of-Network Services	PCP or Servicing Provider	◆	◆	◆ Not applicable to PPO Product	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Panniculectomy and Related Redundant Skin Surgery	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Peripheral Nerve Stimulation	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Personal Care Assistant Services	PCP or Servicing Provider	Not a covered benefit	◆	Not a covered benefit	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Pharmacy	PCP or Servicing Provider	◆	◆	◆	<a href="#">Provider Manual</a>	2 calendar days before requested therapy start date
Photochemotherapy, Phototherapy, or Excimer Laser Therapy for Dermatological Conditions	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Pregnancy	Obstetrics Provider	◆	◆	◆	<a href="#">Provider Manual</a>	Within 3 business days of pregnancy confirmation
Preimplantation Genetic Testing	PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Prolotherapy	PCP or Servicing Provider	Not a covered benefit	Not a covered benefit	Not applicable	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Provenge® (sipuleucel-T)	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
Private Duty Nursing	PCP or Servicing Provider	Not a covered benefit	◆	Not a covered benefit	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Rehabilitation Therapy (Functional Therapy), Outpatient:</b> <ul style="list-style-type: none"> <li>Occupational Therapy (OT)</li> <li>Physical Therapy (PT)</li> <li>Speech or Language Therapy or Voice Therapy (ST)</li> </ul>	PCP or Servicing Provider	See plan specific benefits	◆ ◆ ◆	◆ ◆ ◆	Medical policy applied for prior authorization waivers in conjunction with InterQual® criteria <a href="#">Medical Policy</a>  NH Clarity <a href="#">Benefits</a>	Request for services following evaluation 5 calendar days before requested DOS
Rethymic® (Allogeneic Processed Thymus Tissue-agdc)	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Roctavian™ (valoctocogene roxaparvovec-rvox)	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Skin Substitutes in the Outpatient Setting	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Skysona® (elivaldogene autotemcel)	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS



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Sleep Studies Polysomnography (Attended testing only for members age 21 or older)	PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Stimulators, Neuro/Neuromuscular/Nerve:	PCP or Servicing Provider	◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Surgical Procedures: <ul style="list-style-type: none"><li>Inpatient (All Elective Procedures)</li><li>Outpatient (Select Elective Procedures)</li></ul>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Provider Manual</a>	At least 5 calendar days before requested DOS  Additions/Changes to existing authorizations within 5 days following the DOS
Temporomandibular Joint (TMJ) Disorder Treatment	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

Service	Prior Authorization /Notification Responsible Party	NH Clarity plans	Medicaid	Medicare Advantage HMO/PPO	See Medical or Reimbursement Policy/ Provider Manual/Member Handbook	Comments
<b>Transplants (Bone Marrow, Stem Cell, or Solid Organ):</b> <ul style="list-style-type: none"> <li>Lung Transplant</li> <li>Pancreas or Pancreas-Kidney Transplant</li> <li>Small Bowel and Multivisceral Transplant</li> <li>Other Transplants</li> </ul>	Servicing Facility	◆	◆	◆	<a href="#">Medical Policy</a>  InterQual® or the Plan's Medically Necessary <a href="#">Medical Policy</a> (OCA 3.14)	When determined to be a candidate
<b>Whole Body Integumentary Photography</b>	PCP or Servicing Provider	◆	Not a covered benefit	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Video EEG Monitoring</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Vitamin D Testing</b>	N/A	◆	◆	◆	<a href="#">Medical Policy</a>	Services must be billed with a valid diagnosis per the Policy.
<b>Zynteglo™ (betibeglogene autotemcel)</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Zolgensma® (onasemnogene abeparvovec)</b>	PCP or Servicing Provider	◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS